

Telehealth: the Nuts and Bolts

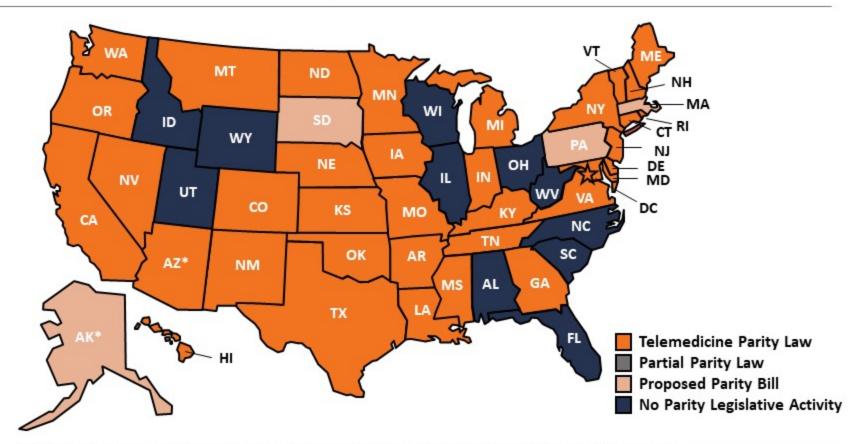
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Overview

- Telehealth Laws
- Licensing and Credentialing
- Reimbursement
- Workflow

States with Parity Laws for Private Insurance Coverage of Telemedicine (2018)



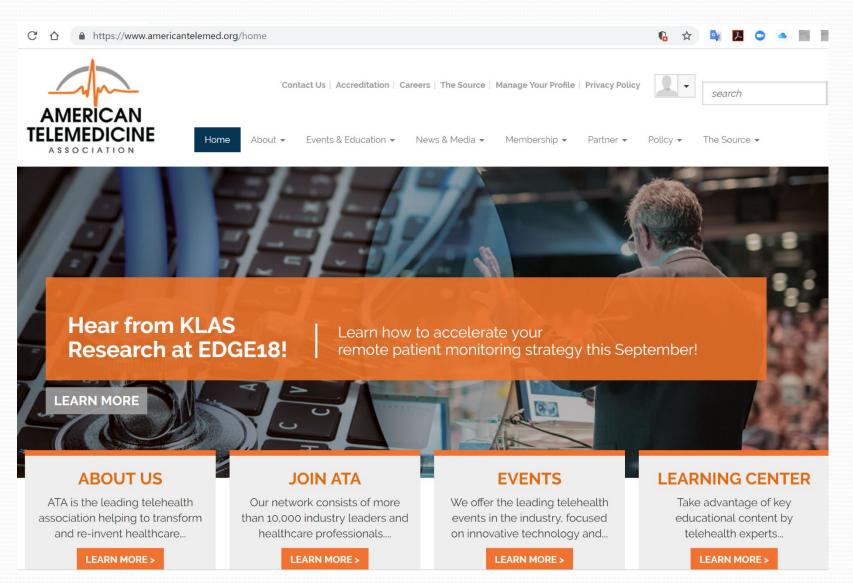
States with the year of enactment: Alaska (2016)*, Arizona (2013)*, Arkansas (2015), California (1996), Colorado (2001), Connecticut (2015), Delaware (2015), Georgia (2006), Hawaii (1999), Indiana (2015), Iowa (2018), Kentucky (2000), Louisiana (1995), Maine (2009), Maryland (2012), Michigan (2012), Minnesota (2015), Mississippi (2013), Missouri (2013), Montana (2013), Nebraska (2017), Nevada (2015), New Hampshire (2009), New Jersey (2017), New Mexico (2013), New York (2014), North Dakota (2017), Oklahoma (1997), Oregon (2009), Rhode Island (2016), Tennessee (2014), Texas (1997), Vermont (2012), Virginia (2010), Washington (2015) and the District of Columbia (2013)



States with proposed legislation: In 2018, Alaska, Massachusetts, Pennsylvania, and South Dakota

^{*}Coverage applies to certain health services.

State telehealth laws









https://www.telehealthresourcecenter.org









Telehealth Resources

Request Assistance

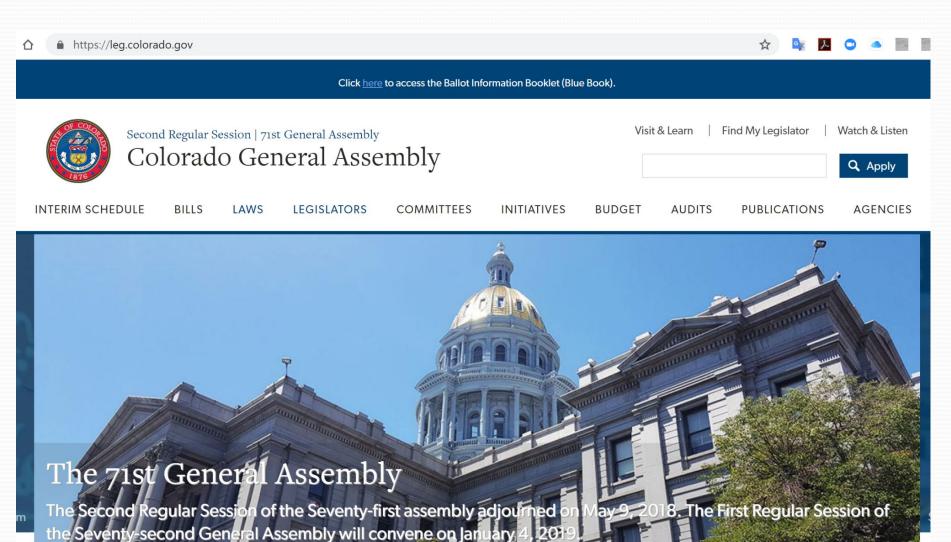


Indiana University School of Medicine Project ECHO: Tele-mentoring Program for the treatment of Opioid Use Disorder

October 10th, 11:00 AM - 12:00 PM (PST)









Telehealth law

Google Search I'm Feeling Lucky

Texas

Source: Texas Occupations Code 111.001 (2017)

"Telehealth service means a health service, other than a telemedicine medical service, delivered by a health professional licensed, certified, or otherwise entitled to practice in this state and acting within the scope of the health professional's license, certification, or entitlement to a patient at a different physical location than the health professional using telecommunications or information technology."

Texas

Source: Texas Occupations Code 111.001 (2017)

"Telemedicine service means a health care service delivered by a physician licensed in this state, or a health professional acting under the delegation and supervision of a physician licensed in this state, and acting within the scope of the physician's or health professional's license to a patient at a different physical location than the physician or health professional using telecommunications or information technology."

Source: Chapter 60 enacted by the Utah Legislature in 2017

Scope of Telehealth Practice

(c) be available to a patient who receives telehealth services from the provider for subsequent care related to the initial telemedicine services, in accordance with community standards of practice;

Source: Chapter 60 enacted by the Utah Legislature in 2017

Scope of Telehealth Practice

(d) be familiar with available medical resources, including emergency resources near the originating site, in order to make appropriate patient referrals when medically indicated;

Licensing and Credentialing

Licensing: Overview of Compacts

State	Licensure (IMLC, Enhanced NLC, APRN, PSYPACT, PTLC)
AZ	IMLC, Enhanced NLC, PSYPACT, PTLC
CO	IMLC, Enhanced NLC, PSYPACT, (PTLC)
NM	Enhanced NLC
NV	IMLC, PSYPACT
MT	IMLC, Enhanced NLC, PTLC
TX	Enhanced NLC, PTLC
UT	IMLC, Enhanced NLC, PSYPACT, PTLC
WY	IMLC, Enhanced NLC, APRN

APRN (3/10) and PSYPACT (5/7) are not active right now

Licensing: Genetic Counselor

State	Genetic Counselor Licensure
AZ	No
CO	No
NM	Yes
NV	No
MT	No
TX	No
UT	Yes
WY	No

Licensing

State	Genetic Counselor Licensure
NM	NM Stat § 61-6A-4 (2016) Unless licensed as a genetic counselor pursuant to the Genetic Counseling Act, a person shall not: A. engage in the practice of genetic counseling; B. use the title or make any representation as being a licensed genetic counselor or use any other title, abbreviation, letters, figures, signs or devices that indicate or imply that the person is licensed to practice as a genetic counselor, including a genetic associate, gene counselor or genetic consultant; or C. advertise, hold out to the public or represent in any manner that the person is authorized to practice genetic counseling.

Licensing

State	Genetic Counselor Licensure	
UT	 58-75-301. Licensure required Issuance of licenses Effect on insurers. (1) Beginning January 1, 2002, and except as provided in Sections 58-1-307 and 58-75-304, a license is required to engage in the practice of genetic counseling. (2) The division shall issue to any person who qualifies under this chapter a license to practice genetic counseling. (3) Nothing in this chapter shall be construed to require payment from insurers for genetic counseling services. 	

Licensing

State	Genetic Counselor Licensure
UT	58-75-501. Unlawful conduct.
	"Unlawful conduct" includes, in addition to the definition in Section 58-1-501, using the title "genetic counselor" or any other title or designation tending to indicate that the person is a genetic counselor unless that person has a current license as a genetic counselor issued under this chapter.

- If you are not getting reimbursed for in-person consultations, it is highly unlikely you will get reimbursed for telegenetics consults.
- Check what services are covered
- Make sure to use the proper modifiers when necessary
 - Some use GT modifier
 - Some use new "CMS Place of Service (POS)" oz modifier (MT and UT)
 - Some use new "AMA" 95 modifier (TX)

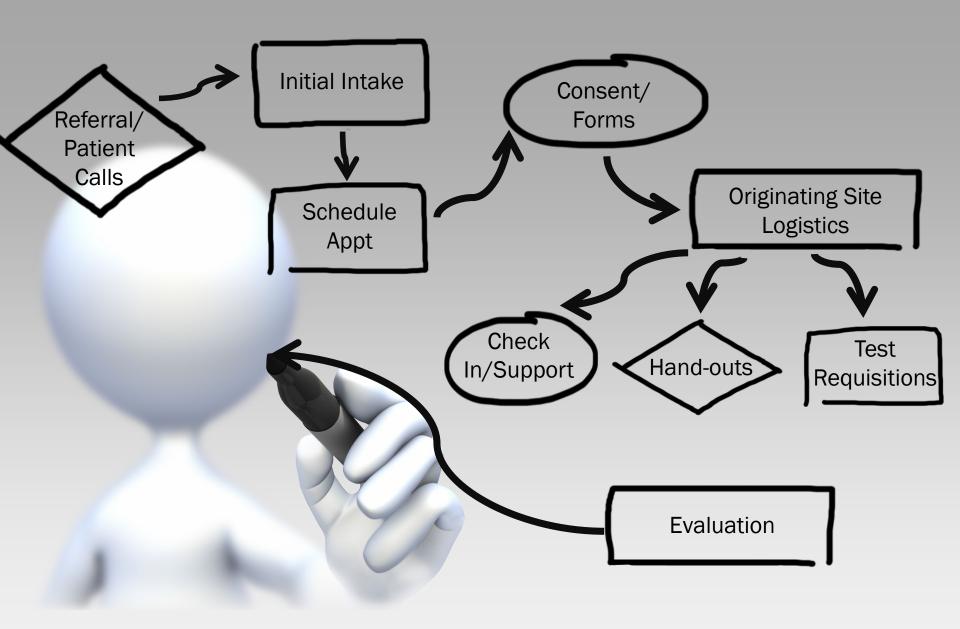
Source: <u>TX Insurance Code 1455.004 & .005 (SB 1107 – 2017)</u>

- Prohibits a health benefit plan from excluding from coverage a service delivered as a telemedicine medical service or a telehealth service solely because the service is not provided in-person. A health plan is not required to provide coverage for services provided by only synchronous or asynchronous audio interaction including audio-only telephone; email or facsimile.
- Each issuer of a health benefit plan must adopt and display in a conspicuous manner on their website the policies and payment practices for telemedicine medical services and telehealth services. They, however, are not required to list payment rates.

- Check about additional reimbursements
 - Facility fees (originating and distant sites)
 - Transmission fees
 - Originating site provider charges

 Avoid reimbursement hassles by contracting with orginating sites

Workflow



Work Flow

Consent Required by Law

AZ	Providers must obtain and document oral or written consent before delivery of services. Oral consent should be documented on the patient's medical record. Source: <i>AZ Revised Statute Sec.</i> 36-3602.
CO	Providers shall give all first-time patients a written statement that includes the following: The patient may refuse telemedicine services at any time, without loss or withdrawal of treatment; All applicable confidentiality protections shall apply to the services; The patient shall have access to all medical information from the services, under state law. Source: CO Revised Statutes 25.5-5-320.

Consent Required by Law

TX	Consent required prior to telemedicine or telehealth services. Either originating or distant site health professionals shall obtain this consent. Source: TX Occupational Code Sec. 111.002. TX Admin. Code, Title 1, Sec. 354.1432. (2016).

Sample Telehealth Consent

Patient	Name:	Medical Record No:				
1.	I understand that my health care provider wishes me to engage in a telemedicine consultation.					
2.	2. My health care provider has explained to me how the video conferencing technology will be used to affect suc					
	a consultation will not be the same as a direct patient/health care provider visit due to the fact that I will n					
	in the same room as my health care provider.					
3.	l understand there are potential risks to this technology, including interruptions, unauthorized access and					
	rechnical difficulties. I understand that my health care provider or I can discontinue the telemedicine					
	consult/visit if it is felt that the videoconferencing connections are not adequate for the situation.					
4.	I understand that my healthcare information may	- NO. O. C.	Victim Province Anna Carlo Car			
	purposes. Others may also be present during the					
	consulting health care provider in order to opera-					
	maintain confidentiality of the information obtain					
	presence in the consultation and thus will have the medical history/physical examination that are pe					
	the telemedicine examination room: and or (3) to					
5	I have had the alternatives to a telemedicine con:		The state of the s			
		1001				
	telemedicine consultation. I understand that some parts of the exam involving physical tests may be condu by individuals at my location at the direction of the consulting health care provider.					
6.	In an emergent consultation, I understand that the		•			
	advise my local practitioner and that the specialis	st's responsibility will co	onclude upon the termination of the			
	video conference connection.					
7.	7. I understand that billing will occur from both my practitioner and as a facility fee from the site from which I an					
	presented.					
8.	I have had a direct conversation with my doctor,	during which I had the	opportunity to ask questions in regard to			
	this procedure. My questions have been answere	ed and the risks, benefi	ts and any practical alternatives have			
	been discussed with me in a language in which I understand.					
Ву	signing this form, I certify:					
	That I have read or had this form read and/or	r had this form evolaine	ed to me			
	 That I have read or had this form read and/or had this form explained to me That I fully understand its contents including the risks and benefits of the procedure(s). That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction. 					
	,					
Patient	Patient's/parent/guardian signature Date Time					
						

Date

Time

Witness signature

5/2015

- 1. I understand that my health care provider wishes me to engage in a telemedicine consultation.
- 2. My health care provider has explained to me how the video conferencing technology will be used to affect such a consultation will not be the same as a direct patient/health care provider visit due to the fact that I will not be in the same room as my health care provider.
- 3. I understand there are potential risks to this technology, including interruptions, unauthorized access and technical difficulties.
- 4. I understand that my health care provider or I can discontinue the telemedicine consult/visit if it is felt that the videoconferencing connections are not adequate for the situation.

- 5. I have had the alternatives to a telemedicine consultation explained to me, and in choosing to participate in a telemedicine consultation. I understand that some parts of the exam involving physical tests may be conducted by individuals at my location at the direction of the consulting health care provider.
- 6. In an emergent consultation, I understand that the responsibility of the telemedicine consulting specialist is to advise my local practitioner and that the specialist's responsibility will conclude upon the termination of the video conference connection.





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MAHALO!!